



**ENERGY AND ENVIRONMENT CABINET**  
**DEPARTMENT FOR ENVIRONMENTAL PROTECTION**  
**DIVISION OF WASTE MANAGEMENT**  
**200 FAIR OAKS LANE, SECOND FLOOR**  
**FRANKFORT, KY 40601**  
**TELEPHONE NUMBER 502-564-6716**

**Application for a Minor Modification  
to Add or Delete Waste Sources  
Form DEP 7047 (1/10)**

Statutes and regulations may be viewed online at the following website address: <http://www.lrc.ky.gov/search.htm>

Solid waste forms are available at the following website address:  
<http://www.waste.ky.gov>

**DWM OFFICIAL USE ONLY**

AI#: \_\_\_\_\_

Application #: \_\_\_\_\_

## **GENERAL INSTRUCTIONS**

- 1. APPLICABILITY** – This form must be completed and submitted to the cabinet by persons who propose to add or delete waste sources to contained, construction/demolition debris, residual, and special waste landfills. This request for a minor modification does not require a notice to the public.
- 2. ASSISTANCE** – Questions regarding this form may be directed in writing to the Division of Waste Management (DWM), Solid Waste Branch at the address listed above, or by calling (502) 564-6716.
- 3. SUBMISSION** – Please type or print legibly in permanent ink. Submit the original and two (2) copies of the completed form to the DWM at the address listed above. If an item is not applicable to your facility write “N/A” in the space provided.
- 4. FEES** - Applicants must submit the appropriate filing fee at the time of application submittal in accordance with 401 KAR 47:090, Section 2.
- 5. LAWS AND REGULATIONS** – Applicants are expected to understand and comply with all laws and regulations applicable to the facility.

To assist you in the submittal of a complete and accurate application, the DWM has identified the most common errors found during the review process. These errors are listed below for your convenience.

- 1. Failure to provide the appropriate fee.** See 401 KAR 47:090, Section 2.
- 2. Failure to complete the application.** All maps, attachments, and supplemental data must be submitted with this application.
- 3. Failure to properly sign and notarize the application.** An individual with signature authority for the applicant as defined by KRS 224.01-010(44) and 401 KAR 47:160 must sign and notarize the appropriate signature sections of the application.



## Application to Add or Delete Waste Sources

## General Information

**1. Agency Interest #:**

2. Permit #: \_\_\_\_\_

3. Fee submitted: \$  . 4. Check or Money Order #: 

**5. Method of payment:**

1

Check

7

## Money Order

9

Cash

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Exempt (Publicly Owned Facility)

## Applicant Information

**6. Permittee Name:**

(This refers to the corporation, LLC, business, person, government agency, etc., that owns or operates the facility.)

**7. Permittee Mailing Address:**

**8. City:**

**9. State:**

**10. Zip Code:**

**11. Contact Person:**

**12. Title:**

**13. E-mail Address:**

**14. Phone #:** (       )       -       ext.

**15. Cell #:** (      )      -

**16. Fax #:** (       )       -      

## Facility Information

**17. Facility Name:**

**18. County:**

### 19. Facility Location:

(Provide the street or physical location. Do not use P. O. Box #'s, etc.)

**20. City:**

**21. Zip Code:**

## 22. Facility Contact:

**23. Title:**

**24. E-mail Address:**

**25. Phone #:** (       )       -       ext.

**26. Cell #:** (      )      -

**27. Fax #:** (       )       -      



**Preparer Information**

(Complete items 28 – 37 if the following information concerning the person preparing this application is different from the contact persons named in items 11 and 22.)

28. Preparers Name:

29. Company:

30. Mailing Address:

31. City:

32. State:

33. Zip Code:

34. E-mail Address:

35. Phone #: (     )     -     ext.

36. Cell #: (     )     -

37. Fax #: (     )     -

**Permit Information**

38. Type of request:

☐ adding source(s)☐ deleting source(s).

39. Type of landfill:

☐ contained☐ construction/demolition debris☐ residual☐ special waste

40. Current remaining landfill capacity:                      cubic yards

Estimated remaining life of the disposal site before sources are added:                      yearsEstimated remaining life of the disposal site after sources are added:                      years

<b>Certification</b>
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**41. Pursuant to 401 KAR 47:160, Section 6**, a person with signature authority such as a sole proprietor, owner, partner, corporate officer, plant manager, LLC member, mayor, county judge executive or other authorized official must sign this certification statement.

**NOTE: Consultants may not sign the following certification statement.**

**“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for such violations.”**

Name of Person Signing (type or print):

Title of Person Signing:

Date:  -  -

Signature per 401 KAR 47:160: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, Year 20\_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_ My commission expires: \_\_\_\_\_



<b>Waste Source Information</b>
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**42. List of sources to be ADDED:**

Page \_\_\_\_ of \_\_\_\_

Source of Waste: County or Parish	State	Waste Type: Industrial, Special or MSW (Residential, Commercial, Institutional)	Anticipated Average Quarterly Tonnage	Anticipated Total Annual Tonnage
		Subtotals for this page:		
		<b>Grand Totals</b> (Should include subtotals from all pages.)		

**Make additional copies of this page as needed**

### 43. List of sources to be DELETED:

Page \_\_\_\_ of \_\_\_\_

Source of Waste: County or Parish	State	Waste Type: Industrial, Special or MSW (Residential, Commercial, Institutional)	Anticipated Quarterly Tonnage	Anticipated Annual Tonnage
		Subtotals for this page:		
		<b>Grand Totals</b> (Should include subtotals from all pages.)		

**Make additional copies of this page as needed.**

